

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Z. EPSDT/PPHSD Screening Services Codes	<b>Page</b> Z-1
	<b>Transmittal Letter</b> All-155	<b>Date</b> 12/31/07

The following services are payable according to 130 CMR 450.146 through 450.150 in addition to the initial, periodic, or interperiodic Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) visit when they are performed and interpreted in the office of the provider who furnished the visit.

Service

Code      Service Description

### **Laboratory Services**

81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	non-automated, without microscopy
84703	Gonadotropin, chorionic (hCG); qualitative
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
86580	Skin test, tuberculosis, intradermal
87081	Culture, presumptive, pathogenic organisms, screening only
87210	Smear, primary source, with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)

### **Audiometric Hearing Function Tests**

92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92587	Evoked otoacoustic emissions, limited (single stimulus level, either transient or distortion products)

### **Behavioral Health Screening**

96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
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### **Vision Tests**

99173	Screening test of visual acuity, quantitative, bilateral
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<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Z. EPSDT/PPHSD Screening Services Codes	<b>Page</b> Z-2
	<b>Transmittal Letter</b> All-155	<b>Date</b> 12/31/07

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